



**UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE**

John Folks
Plaintiff,
v.

Thomas Carroll, Warden
Defendant(s)

**APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT**

CASE NUMBER: 07-334

I, John Folks declare that I am the (check appropriate box)

☒ Petitioner/Plaintiff/Movant ☐ Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Question 2)

If "YES" state the place of your incarceration Delaware Correctional Center

Inmate Identification Number (Required): 126234

Are you employed at the institution? Yes Do you receive any payment from the institution? Yes

Attach a ledger sheet form the institution of your incarceration showing, at least the past six months' transactions

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer. N/A

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. 1999

3. In the past 12 twelve months have you received any money from any of the following sources?

a.	Business, profession or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b.	Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c.	Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d.	Disability or workers compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e.	Gifts or inheritances	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f.	Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive. I have received approximately forty dollars in the last month from a family member for the purpose of purchasing personal items from the prison commissary

AO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or saving accounts? ☐ Yes ☒ No

If "Yes" state the total amount \$ N/A

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "Yes" describe the property and state its value.
N/A.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.
None.

I declare under penalty of perjury that the above information is true and correct.

5-23-07
DATE

John Falke
SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

TO: John Folks SBI#: 126034
 FROM: Stacy Shane, Support Services Secretary
 RE: 6 Months Account Statement
 DATE: April 28, 2007

Attached are copies of your inmate account statement for the months of
October 1, 2004 to March 31, 2007.

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Oct</u>	<u>6.83</u>
<u>Nov</u>	<u>0</u>
<u>Dec</u>	<u>31.18</u>
<u>Jan</u>	<u>19.38</u>
<u>Feb</u>	<u>8.59</u>
<u>March</u>	<u>3.44</u>

Average daily balances/6 months: 11.57

Attachments

CC: File

Stacy Shane
4/28/07

Jeanette D. Hare
4/26/07

Individual Statement From January 2007 to March 2007

Page 1 of 1

Date Printed: 4/25/2007

SBI	Last Name	First Name	MI	Suffix	Beginning Month Balance:	\$54.30
00126234	FOLKS	JOHN	T		Ending Month Balance:	\$0.45
Current Location:	21	Comments:				

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Canteen	1/3/2007	(\$24.61)	\$0.00	\$0.00	\$29.69	368078			
Canteen	1/10/2007	(\$16.58)	\$0.00	\$0.00	\$14.11	370680			
Supplies-MailP	1/30/2007	(\$0.87)	\$0.00	\$0.00	\$13.24	378806		10/24/06	
Supplies-MailP	1/30/2007	(\$0.87)	\$0.00	\$0.00	\$12.37	378807		10/24/06	
Supplies-MailP	1/30/2007	(\$0.43)	\$0.00	\$0.00	\$11.94	378972		10/13/06	
Supplies-MailP	1/30/2007	(\$0.87)	\$0.00	\$0.00	\$11.07	378973		10/13/06	
Supplies-MailP	1/30/2007	(\$5.00)	\$0.00	\$0.00	\$6.07	378981		11/14/06	
Supplies-MailP	1/30/2007	(\$5.00)	\$0.00	\$0.00	\$1.07	378982		11/14/06	
Supplies-MailP	2/9/2007	\$0.00	\$0.00	\$0.00	\$1.07	384764		1/16/07	
Supplies-MailP	2/9/2007	\$0.00	\$0.00	(\$0.39)	\$1.07	384765		1/16/07	
Supplies-MailP	2/16/2007	\$0.00	\$0.00	(\$0.87)	\$1.07	388567		1/23/07	
Supplies-MailP	2/16/2007	\$0.00	\$0.00	(\$0.87)	\$1.07	388568		1/23/07	
Supplies-MailP	2/16/2007	(\$0.39)	\$0.00	\$0.00	\$0.68	389238		1/16/07	
Supplies-MailP	2/16/2007	(\$0.39)	\$0.00	\$0.00	\$0.29	389239		1/16/07	
Supplies-MailP	2/16/2007	(\$0.29)	\$0.00	(\$0.58)	\$0.00	389341		1/23/07	
Mail	2/22/2007	\$40.00	\$0.00	\$0.00	\$40.00	391714	08683944568		L BROWN
Canteen	2/27/2007	(\$27.71)	\$0.00	\$0.00	\$12.29	393503			
Canteen	3/7/2007	(\$10.39)	\$0.00	\$0.00	\$1.90	397480			
Supplies-MailP	3/22/2007	(\$0.87)	\$0.00	\$0.00	\$1.03	404594		1/23/07	
Supplies-MailP	3/22/2007	(\$0.58)	\$0.00	\$0.00	\$0.45	404593		1/23/07	
					Ending Month Balance:	\$0.45			

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

Individual Statement From October 2006 to December 2006

Page 1 of 1

Date Printed: 4/25/2007

SBI	Last Name	First Name	MI	Suffix	Beginning Month Balance:	\$40.00
00126234	FOLKS	JOHN	T		Ending Month Balance:	\$54.30
Current Location:	21	Comments:				

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Canteen	10/4/2006	(\$33.67)	\$0.00	\$0.00	\$6.33	327985			
Canteen	10/18/2006	(\$4.76)	\$0.00	\$0.00	\$1.57	333395			
Supplies-MailP	10/19/2006	\$0.00	\$0.00	(\$0.87)	\$1.57	334161		10/13/06	
Supplies-MailP	10/19/2006	\$0.00	\$0.00	(\$0.87)	\$1.57	334162		10/13/06	
Supplies-MailP	10/20/2006	(\$0.63)	\$0.00	\$0.00	\$0.94	335427		8/16/06	
Supplies-MailP	10/20/2006	(\$0.39)	\$0.00	\$0.00	\$0.55	335661		7/9/06	
Supplies-MailP	10/20/2006	(\$0.11)	\$0.00	\$0.00	\$0.44	335660		7/16/06	
Supplies-MailP	10/20/2006	(\$0.44)	\$0.00	(\$0.43)	\$0.00	336338		10/13/06	
Supplies-MailP	10/26/2006	\$0.00	\$0.00	(\$0.87)	\$0.00	338702		10/24/06	
Supplies-MailP	10/26/2006	\$0.00	\$0.00	(\$0.87)	\$0.00	338703		10/24/06	
Supplies-MailP	11/17/2006	\$0.00	\$0.00	(\$5.00)	\$0.00	347972		11/14/06	
Supplies-MailP	11/17/2006	\$0.00	\$0.00	(\$5.00)	\$0.00	347973		11/14/06	
Mail	12/14/2006	\$40.00	\$0.00	\$0.00	\$40.00	359614	086052625		L BROWN
Mail	12/20/2006	\$25.00	\$0.00	\$0.00	\$65.00	361502	08644226037		V BARNETT
Canteen	12/27/2006	(\$10.70)	\$0.00	\$0.00	\$54.30	364336			
Ending Month Balance:					\$54.30				
Total Amount Currently on Medical Hold:					\$0.00				
Total Amount Currently on Non-Medical Hold:					\$0.00				